Associate declaration

*(to be filled in on the official headed paper of the associated organisation)*

I the undersigned, as legal representative[[1]](#footnote-1) of “Official name of the organisation in Original Language + Translation into English” Associate n. ... of the project proposal “Title and acronym of the project” applying for funding under the first call for proposals of the Interreg NEXT MED Programme hereby declare that the organisation I represent:

1. has the legal status of

* Ministry or other national public administration
* Regional or local public administration
* Other public body (please specify)………………………………………………………………………………..
* Body governed by public law in the meaning of art 2.4 of Directive 2014/24/EU of 26 February 2014 on public procurement and repealing Directive 2004/18/EC (please specify)
* International organisation
* Non-Governmental Organisation (NGO)
* Company or other private economic operator (please specify)
* No profit organisation (Association, Foundation or other) (please specify)
* Other (please specify) .......................................................................................................

1. has read the Application Form and the composition of the partnership, understood and agreed with its role in the project;
2. expresses its will to be an associate to the above-mentioned project proposal for the following reasons:

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1. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..reports the following experience in similar projects / actions / initiatives:

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1. is committed to participate in the project meetings as foreseen in the Application Form. Potential travel and subsistence costs will be covered by the project Lead Partneror any other project partner.
2. is aware that no project funds can be managed by the associate and that the associate will not receive any Programme financial contribution.
3. is aware and that, in no case, can the associate be sub-contracted by the Lead Partner of by the any Project Partner for the implementation of the project activities.
4. ensures that none of the persons to be involved in the project is in conflict of interest or in any situation which could jeopardize the assessment of the project proposal;
5. authorises the Applicant to submit this letter with the project proposal.

I certify that all the above information is true and correct. I acknowledge that untruthful/false declarations can be prosecuted by law.

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Signature on behalf of the associate’s organisation Date and place

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Name and position of legal representative of the organisation[[2]](#footnote-2) (Official stamp of the organisation)

1. Or another person legally authorised to sign this statement on behalf of the organisation. The proof of legal representativeness (power of attorney or equivalent) or legal act of delegation will be provided to the MA in case the project proposal is recommended for funding. [↑](#footnote-ref-1)
2. If necessary, please provide copy of a document attesting the power of signature or delegation. [↑](#footnote-ref-2)